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Bib Data Sheet

SERIAL NUMBER 09/598,324	FILING DATE 06/20/2000 RULE -	CLASS 424	GROUP ART UNIT 1615 1616	ATTORNEY DOCKET NO. 200.94107CIP3
APPLICANTS Benjamin Oshlack, New York, NY ; Frank Pedi JR., Yorktown Heights, NY ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/005,864 01/12/1998 PAT 6,077,533 WHICH IS A CIP OF 08/760,724 12/05/1996 ABN WHICH IS A CON OF 08/431,359 04/28/1995 ABN WHICH IS A CIP OF 08/249,150 05/25/1994 PAT 5,411,745				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>WMS</u> Initials		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 3				
ADDRESS DAVIDSON, DAVIDSON& KAPPEL, LLC 15th Floor 1140 Avenue of the Americas New York ,NY 10036				
TITLE Powder-layered oral dosage forms				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8764

SERIAL NUMBER 09/598,324	FILING DATE 06/20/2000 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 200.94107CIP3
APPLICANTS Benjamin Oshlack, New York, NY; Frank Pedi JR., Yorktown Heights, NY;				
** CONTINUING DATA ***** This application is a CIP of 09/005,864 01/12/1998 PAT 6,077,533 which is a CIP of 08/760,724 12/05/1996 ABN which is a CON of 08/431,359 04/28/1995 ABN which is a CIP of 08/249,150 05/25/1994 PAT 5,411,745				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 3				
ADDRESS DAVIDSON, DAVIDSON & KAPPEL, LLC 485 SEVENTH AVENUE, 14TH FLOOR NEW YORK, NY 10018				
TITLE Powder-layered oral dosage forms				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	